

Docket No. AMENDMENT TRANSMITTAL LETTER 04504/100M693-US2 Filing Date Examiner Art Unit Application No. July 17, 2000 1616 09/617,566-Conf. #8355 N. S. Levy Applicant(s): Samuel Sawan Invention: CONTACT-KILLING ANTIMICROBIAL DEVICES TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Remaining Number Number Previously **Extra Claims** After Rate Amendment Paid Present **Total Claims** 20 19 Х Independent 3 3 0 Х Claims Multiple Dependent Claims (check if applicable) 510.00 Extension for response within third month Other fee (please specify): Request for continued examination (RCE) 395.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 905.00 x | Small Entity Large Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. x | A check in the amount of \$ 905.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 04-0100 X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: May 16, 2006 Lighta Gayle Olson Attorney/Agent Reg. No.: 48,487 DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7719

PTO/SB/17 (01-06)
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Fee parsuant to the Consol	Application Number 09/617,566-Co							
FEE TR	Filing Date		July 17, 2000					
Fo	First Named Inventor		Samuel Sawan					
	Examiner Name		N. S. Levy					
X Applicant claims sr	Art Unit 1616		1616					
TOTAL AMOUNT OF PAYMENT (\$) 905.00			Attomey Docket No.		04504/100M693-US2			
METHOD OF PAYME	ENT (check all th	nat apply)						
		oney Order No	ne Other	(please ide	ntify):			
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION			n filing or may	be subj	ect to a surcha	rge.)		
1. BASIC FILING, SEAR			ADOLL FEED		NATION EEES			
		G FEES SE Small Entity	ARCH FEES Small Entity		NATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$) Fee (\$	Fee (\$)	Fee (\$)		Fees Pa	id (\$)	
Utility	300	150 500	250	200	100			
Design	200	100 100	50	130	65			
Plant	200	100 300	150	160	80			
Reissue	300	150 500	250	600	300			
Provisional	200	100 0	0	0	0			
2. EXCESS CLAIM FEE	S					<u>Sr</u> Fee (\$)	nall Entity Fee (\$)	
Fee Description	1 41 n.:						25	
Each claim over 20 (incl	•					50 200	100	
Each independent claim Multiple dependent claim	,	g Keissues)				360	180	
•		oo (\$)	Paid (\$)		Multiple Depende		100	
<u>Total Claims</u> <u>Ext</u> 19 - 20 =	0 x	ee (\$) Fee =			· -	ee Paid (\$)		
HP = highest number of total		eater than 20.						
Indep. Claims Ex	tra Claims F	ee (\$) Fee	Paid (\$)					
33=	×	<u> </u>						
HP = highest number of inde		for, if greater than 3.			-			
3. APPLICATION SIZE I If the specification and listings under 37 CF sheets or fraction th	drawings exceed R 1.52(e)), the a	d 100 sheets of paper application size fee d S.C. 41(a)(1)(G) and	ue is \$250 (\$125	for small	iled sequence or entity) for each ac	computer dditional 50		
Total Sheets	Extra Sheets	Number of each	additlonal 50 or fra	ction there		Fee Pa	id (\$)	
- 100 = 4. OTHER FEE(S)		/50	_ (round up to a wh	ole number) x :	Fees Pa	aid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2253 Extension for response within third month 2801 Request for continued examination (RCE) (see 37 395.00								
SUBMITTED BY								
a: , //	11-11/20		Registration No.	40 407	Tolophone	(212) 527	7700	

SUBMITTED BY					
Signature	Moleo Mu	Registration No. (Attorney/Agent)	48,487	Telephone	(212) 527-7700
Name (Print/Type)	Lydia Gayle Olson			Date	May 16, 2006



PTO/SB/92 (08-03) Approved for use through 07/31/2006. OMB 0651-0031

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Application No. (if known): 09/617,566

Attorney Docket No.: 04504/100M693-US2

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Petition for Extension of Time (1 page) Request for Continued Examination (1 page)

Amendment in Response to Final Office Action (9 pages)

Amendment Transmittal (1 page)

Fee Transmittal for FY 2006 Check # 11882, \$905.00 Express Mail Certificate (1 page)